RI SOS Filing Number: 201699784260 Date: 06/03/2016 3:06 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000976196

2. Name of Corporation Lifesaving Children's Hospitals and Clinics

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 216 BROWN STREET
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SAID CORPORATION IS A NONPROFIT PUBLIC BENEFIT ORGANIZATION THAT IS ORGANIZED AND SHALL OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES AS SPECIFIED WITHIN THE MEANING OF SECTION 501(C)(3)OF THE INTERNAL REVENUE CODE OF 1986 (OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW AND THE REGULATIONS PROMULGATED THEREUNDER). SUCH PURPOSES SHALL BE FURTHERED BY ACTIVITIES WHICH INCLUDE PROVIDING ASSISTANCE TO CHARITABLE CHILDREN'S HOSPITALS AND CLINICS THAT WISH TO PARTICIPATE IN WORKPLACE GIVING CAMPAIGNS, AND THE TRANSACTING OF ANY OTHER LAWFUL ACTIVITY OR BUSINESS IN WHICH NONPROFIT CORPORATIONS MAY BE ENGAGED UNDER THE RI NONPROFIT CORPORATION ACT.

7. Names and Addresses of the Officers and Directors:

0-2014-0

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES SPINK	390 FOREST AVENUE BOULDER, CO 80304 USA
TREASURER	DENIS TONER	29 BACK STREET BOULDER, CO 02554 USA
SECRETARY	NEIL ROSENBERG	172 BELLEVUE AVENUE, #218 NEWPORT, RI 02840 USA
VICE PRESIDENT	DENIS TONER	29 BACK STREET NANTUCKET, MA 02554 USA
DIRECTOR	JAMES S. SPINK	390 FOREST AVENUE BOULDER, CO 80304 USA
DIRECTOR	DENIS TONER	29 BACK STREET NANTUCKET, MA 02554 USA
DIRECTOR	NEIL ROSENBERG	172 BELLEVUE AVENUE, #218 NEWPORT, RI 02840 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICHAEL A. LUCAS, CPA 643 METACOM AVENUE BRISTOL , RI 02809

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 3 Day of June, 2016 at 3:10:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By HEIDI HOWARD
Signature of Authorized Person

Form No. 631
Revised 09/07